

555.00 248P

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1. CORRESPONDENCE ADDRESS

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PAPER TO BE ENTERED

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME
Claude RANOUX
Street Address
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City, State and ZIP Code
Arlington, MA 02174

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/449,942	12/29/89	036	RETCHLE, F.	338 08/06/91
First Named Applicant	RANOUX, CLAUDE			

TITLE OF INVENTION

PROCESS FOR INTRA UTERINE FERTILISATION IN MAMMALS AND DEVICE FOR IMPLEMENTATION THEREOF

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
600-034,000	RS9	UTILITY	YES	525	\$1450.00	11/06/91

(see attached copy)

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 YOUNG & THOMPSON

2

3

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525.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

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(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. This application is NOT assigned.

☐ Assignment previously submitted to the Patent and Trademark Office.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record) # 17,355

(Date)

11/6/91

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